



Report Identification Number: BU-18-004

Prepared by: New York State Office of Children & Family Services

Issue Date: Jul 31, 2018

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child’s family; any extraordinary or pertinent information concerning the circumstances of the child’s death; whether the child or the child’s family received assistance, care or services from the social services district prior to the child’s death; any action or further investigation undertaken by OCFS or the social services district since the child’s death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child’s household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child’s siblings or other children in the household.**

OCFS’ review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS’ assessment and the performance of these agencies.



Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation		



Case Information

Report Type: Child Deceased
Age: 7 year(s)

Jurisdiction: Erie
Gender: Male

Date of Death: 01/29/2018
Initial Date OCFS Notified: 01/29/2018

Presenting Information

On 1/29/18, the SF placed a hot torch on a mattress in the home, which caused the entire home to burn down. The SF was lighting a cigarette when the incident occurred. There were five children, ages 3 to 16 in the home when the fire started. The 7yo child sustained significant smoke inhalation and died. The SSs were taken to the hospital for smoke inhalation. The SM and the adult sibling had unknown roles.

Executive Summary

Erie County Department of Social Services (ECDSS) received an SCR report about the death of this child on 1/29/18. There was an open investigation due to a prior report on 1/3/28 involving a domestic dispute between the parents, and an Order of Protection prohibiting the father from contacting the mother (but not the children).

The SF told ECDSS he had returned to the home to assist the SM a few days prior to the fire and he was in violation of the OP. The evening of the fire, the SF told ECDSS he had lit a cigarette with a torch and placed the hot torch on his bed which caused the mattress to catch fire. The SSs and the parents were able to exit the home safely. The SC was found in the kitchen, by the fire department. The fire department believed the SC became disoriented and was not able to exit through the door in the kitchen.

The ME's final autopsy report stated the manner of death was undetermined and the cause of death was inhalation of the products of combustion. There were no arrests.

ECDSS interviewed all family members about the events leading up to the SC's death. The SSs were all upstairs at the time the fire started and heard the SM yelling that the house was on fire. The SF and the SM's statements were consistent and the fire department's investigation stated the cause of the fire was the SF's careless smoking.

ECDSS was not able to see all the SSs in the first 24 hrs of the investigation, despite exhaustive efforts to do so. On 1/31/2018, ECDSS located the parents at a hotel. ECDSS discussed with the parents separately that the SF could not stay with the SM at the hotel as he was in violation of the OP. The SF agreed to leave and comply with the OP until it was modified or vacated. Based on the open investigation and the SF's and the SM's history with ECDSS, the SSs were placed into emergency protective custody on 1/31/18. ECDSS filed an Article 10 abuse/neglect petition on 2/1/18, and the Family Court Judge placed the SSs with an adult sibling under 1017 custody. The SF and the SM had supervised visits only and the visits would be at separate times, due to the existing OP.

ECDSS interviewed all collateral contacts, including but not limited to, family members, first responders, LE, and medical professionals. ECDSS obtained and reviewed all medical records pertaining to the SC's death. The safety assessments and fatality reports were completed timely and accurately.

ECDSS offered information regarding burial assistance and bereavement counseling/services. ECDSS continued to engage the SM and the SF in all appropriate services to assist in the return of the SSs to their care.

ECDSS Sub the allegation of DOA/Fatality against the SF for the SC and IG for the all of the children. The SF admitted to lighting a cigarette with a torch and subsequently placed the hot torch on the edge of the bed. The torch rolled onto the mattress when the SM got up causing the mattress to catch fire. The fire spread throughout the home. The SC was unable



to exit the home and died. The SM and the SF admitted to assaulting each other in front the Chn on a regular basis. For over 2 years prior to the fatality, the parents struggled to maintain safe housing. The SM's history of drug abuse and undiagnosed mental health issues and the parents volatile behavior placed the children at risk of harm. The case was IND and opened with CPS mandated services.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**
 - **Approved Initial Safety Assessment?** Yes
 - **Safety assessment due at the time of determination?** Yes
- **Was the safety decision on the approved Initial Safety Assessment appropriate?** Yes

Determination:

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?** Yes, sufficient information was gathered to determine all allegations.
- **Was the determination made by the district to unfound or indicate appropriate?** Yes

Explain:

ECDSS gathered sufficient information to make a determination in this case.

Was the decision to close the case appropriate? N/A

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

Explain:
The case remained open for services and the SSs were placed with an adult half sibling under a 1017 relative placement.

Required Actions Related to the Fatality

Are there Required Actions related to the compliance issue(s)? Yes No

Fatality-Related Information and Investigative Activities

Incident Information



Date of Death: 01/29/2018

Time of Death: Unknown

Time of fatal incident, if different than time of death:

Unknown

County where fatality incident occurred:

Erie

Was 911 or local emergency number called?

Yes

Time of Call:

Unknown

Did EMS respond to the scene?

Yes

At time of incident leading to death, had child used alcohol or drugs?

No

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

Did child have supervision at time of incident leading to death? Yes

Is the caretaker listed in the Household Composition? Yes - Caregiver 2

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	7 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	51 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	42 Year(s)
Deceased Child's Household	Sibling	No Role	Female	18 Year(s)
Deceased Child's Household	Sibling	No Role	Female	28 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	16 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	3 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	14 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	10 Year(s)

LDSS Response

On 1/29/18, ECDSS received an SCR report concerning the SC's death. ECDSS initiated their investigation by contacting LE, ME and verifying the DA had been contacted. ECDSS checked the CPS history and there was an open CPS investigation involving the family, with allegations unrelated to the fatality. However, there were concerns in that investigation for the SM's on-going untreated mental health issues, unsafe home conditions, and there was an existing Order of Protection (OP) against the SF. ECDSS learned during the investigation that the OP was in place as the result of the SF spitting on the SM and hitting her. This incident occurred on 12/31/17. The SF was ordered to stay away from the SM, except for the exchange of the Chn for visitation. ECDSS determined the SF was in the home the night of the fire despite the OP.



ECDSS was not able to see all the SSs in the first 24 of the investigation, despite exhaustive efforts to do so. ECDSS spoke with LE, school, hospital, the Red Cross, friends and family members to locate the family. On 1/31/2018, ECDSS located the parents at a hotel provided by the Red Cross. ECDSS discussed with the parents separately that the SF could not stay with the SM at the hotel as he was in violation of the OP. The SF agreed to leave and comply with the OP until it was modified or vacated. On 1/31/18 the SSs were placed into emergency protective custody by ECDSS. On 2/1/18, ECDSS had filed a petition for abuse/neglect and the Family Court Judge placed the SSs with an adult sibling under 1017 custody. Prior to the 1017 placement of the SSs, ECDSS conducted an evaluation of the adult sibling's home and it was deemed appropriate. The SF and the SM had supervised visits only and the visits would be at separate times due to the existing OOP.

ECDSS interviewed all family members that were in the home at the time of the fire. The SF explained he returned to the home a few days prior to the fire at the SM's request. The SF told ECDSS that the SM and the SSs had been sick and she needed his help. The SM told ECDSS the same information, that she had requested the SF return home to assist her. The SF was not ordered to stay away from the Chn. The SF told ECDSS that the night of the fire he lit a cigarette with a torch. The SF said he placed the torch on the bed with the hot end hanging off the bed. He then got up to go to the bathroom. The SF said when he came out of the bathroom the SM said the mattress was on fire. The SF said he attempted to put the fire out with the fire extinguisher but it did not work. He then used blankets in an attempt to smother the fire. He said this did not work and he left the home. The SF said it was chaotic and he heard someone say the SC was still inside. The SSs were all upstairs and were able to exit the home. The SM's account of that evening was the same as SF's. The SSs did not see what happened as they had been upstairs when the fire started. The SC was found in the kitchen by the fire department. The SSs were taken to the hospital where they were treated and released. The SSs told ECDSS that the SF returned home a few days prior to the fire to help the SM. The SM and the SF denied any current misuse of drugs/alcohol but admitted to using drugs/alcohol in the past.

ECDSS offered bereavement referrals to all family members. ECDSS interviewed all appropriate collaterals, family members and obtained releases for records. ECDSS obtained and reviewed all records. The ME's final autopsy results showed the cause of death was inhalation of the products of combustion and the manner of death was undetermined.

ECDSS continued to support and offer all services to meet the needs of all family members. The SSs remained in 1017 custody with the adult sibling. The case remained open with CPS Mandated services and the SM and the SF had supervised visitation with the SSs at separate times. The Family Court hearings were still pending at the time of the writing of this report.

Official Manner and Cause of Death

Official Manner: Undetermined

Primary Cause of Death: From an injury - external cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?Yes

Was the fatality reviewed by an OCFS approved Child Fatality Review Team?No

Comments: ECDSS does not have an OCFS approved CFRT.

SCR Fatality Report Summary



Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
046903 - Deceased Child, Male, 7 Yrs	046905 - Father, Male, 51 Year(s)	DOA / Fatality	Substantiated
046903 - Deceased Child, Male, 7 Yrs	046905 - Father, Male, 51 Year(s)	Inadequate Guardianship	Substantiated
046903 - Deceased Child, Male, 7 Yrs	046904 - Mother, Female, 42 Year(s)	Inadequate Guardianship	Substantiated
046906 - Sibling, Female, 3 Year(s)	046905 - Father, Male, 51 Year(s)	Inadequate Guardianship	Substantiated
046906 - Sibling, Female, 3 Year(s)	046904 - Mother, Female, 42 Year(s)	Inadequate Guardianship	Substantiated
046907 - Sibling, Female, 10 Year(s)	046904 - Mother, Female, 42 Year(s)	Inadequate Guardianship	Substantiated
046907 - Sibling, Female, 10 Year(s)	046905 - Father, Male, 51 Year(s)	Inadequate Guardianship	Substantiated
046908 - Sibling, Male, 14 Year(s)	046904 - Mother, Female, 42 Year(s)	Inadequate Guardianship	Substantiated
046908 - Sibling, Male, 14 Year(s)	046905 - Father, Male, 51 Year(s)	Inadequate Guardianship	Substantiated
046909 - Sibling, Female, 16 Year(s)	046904 - Mother, Female, 42 Year(s)	Inadequate Guardianship	Substantiated
046909 - Sibling, Female, 16 Year(s)	046905 - Father, Male, 51 Year(s)	Inadequate Guardianship	Substantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Child Fatality Report

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain:
ECDSS indicated and opened a case with Mandated CPS services required. ECDSS provided grief counseling services, MH counseling, drug/alcohol treatment, DV services and Early Intervention services.

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Child Fatality Report

Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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If Yes, court ordered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Explain as necessary:
 ECDSS conducted an emergency removal of the SSs on 1/31/18. On 2/1/18, ECDSS filed an Article 10 abuse/neglect petition and the Family Court Judge granted the remand and placed the SSs in 1017 relative placement with an adult half sibling.

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation?
 Family Court Criminal Court Order of Protection

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
01/31/2018	There was not a fact finding	There was not a disposition
Respondent:	046905 Father Male 51 Year(s)	
Comments:	ECDSS conducted an emergency removal and subsequently filed an abuse/neglect petition in Family Court. The initial hearing was on 2/1/18. The judge placed the SSs in a relative placement under a 1017 non-LDSS custody. The SSs were placed with an adult half sibling. The parents were to have supervised visits only. The visits would occur separately due to an existing order of protection. The parents were ordered to complete substance abuse and mental health evaluations. They will follow all recommended treatment. The parents will engage in domestic violence services. ECDSS will monitor the parents progress. The Family Court case was pending further hearings at the time of the writing of this report.	

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
01/31/2018	There was not a fact finding	There was not a disposition
Respondent:	046904 Mother Female 42 Year(s)	
Comments:	See Above.	

Have any Orders of Protection been issued? No

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Economic support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes

Explain:
 ECDSS offered referrals for grief counseling services and early intervention for the younger SS. ECDSS arranged for and completed full physical exams at the CAC for all the SSs. ECDSS conducted an emergency removal of the SSs and filed an abuse/neglect petition in Family Court on 1/31/2018. On 2/1/2108, the Judge granted the remand and placed the SSs in 1017 relative placement with an adult half sibling.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? Yes

Explain:
 Grief counseling/support services and mental health counseling services were offered to the parents as well as resources to possibly assist with funeral costs.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? Yes
- Was there an open CPS case with this child at the time of death? Yes
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? No
- Was the child acutely ill during the two weeks before death? No



CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
01/03/2018	Sibling, Female, 16 Years	Father, Male, 51 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Male, 14 Years	Father, Male, 51 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 10 Years	Father, Male, 51 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 3 Years	Father, Male, 51 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 7 Years	Father, Male, 51 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 16 Years	Mother, Female, 42 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 14 Years	Mother, Female, 42 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 10 Years	Mother, Female, 42 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 3 Years	Mother, Female, 42 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 7 Years	Mother, Female, 42 Years	Inadequate Guardianship	Substantiated	

Report Summary:

On 12/31/17 the SF struck the SM in the head and spit on her in the presence of the SSs and the SC.

Report Determination: Indicated

Date of Determination: 03/02/2018

Basis for Determination:

ECDSS Sub the allegation of IG against the SF for the 14yo SS, 10yo SS and the 6yo SC. Additional allegations of IG were added against the SF in respect to the 3yo SS and the 16yo SS, as well as the SM for all of the CHN. On 12/31/2018 the SF assaulted and spit on the SM in the presence of the SSs and the SC. The SM had obtained a full stay away order of protection. The order was modified on 1/18/18 for visitation. The SF returned to the home even though there was an OOP. On 1/29/18 there was a house fire that destroyed the home due to SF's negligence. The SC died in the fire and the SSs were removed and placed with a relative. The case was IND and opened Mandated CPS services.

OCFS Review Results:

OCFS found that Erie County Department of Social Services made the appropriate determination based on the information gathered during the investigation.

Are there Required Actions related to the compliance issue(s)? Yes No

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
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10/17/2017

Sibling, Female, 17 Years	Mother, Female, 42 Years	Sexual Abuse	Unsubstantiated
Sibling, Female, 17 Years	Father, Male, 51 Years	Sexual Abuse	Unsubstantiated
Sibling, Male, 14 Years	Father, Male, 51 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Sibling, Male, 14 Years	Mother, Female, 42 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Sibling, Female, 17 Years	Father, Male, 51 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Sibling, Female, 17 Years	Mother, Female, 42 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Deceased Child, Male, 7 Years	Mother, Female, 42 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Deceased Child, Male, 7 Years	Father, Male, 51 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Sibling, Female, 17 Years	Father, Male, 51 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Sibling, Female, 17 Years	Mother, Female, 42 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Sibling, Female, 3 Years	Father, Male, 51 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Sibling, Female, 3 Years	Mother, Female, 42 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Sibling, Female, 10 Years	Father, Male, 51 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Sibling, Female, 10 Years	Mother, Female, 42 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Sibling, Male, 14 Years	Father, Male, 51 Years	Lack of Supervision	Unsubstantiated
Sibling, Male, 14 Years	Mother, Female, 42 Years	Lack of Supervision	Unsubstantiated
Deceased Child, Male, 7 Years	Father, Male, 51 Years	Lack of Supervision	Unsubstantiated
Deceased Child, Male, 7 Years	Mother, Female, 42 Years	Lack of Supervision	Unsubstantiated
Sibling, Female, 3 Years	Father, Male, 51 Years	Lack of Supervision	Unsubstantiated
Sibling, Female, 3 Years	Mother, Female, 42 Years	Lack of Supervision	Unsubstantiated
Sibling, Female, 10 Years	Father, Male, 51 Years	Lack of Supervision	Unsubstantiated
Sibling, Female, 10 Years	Mother, Female, 42 Years	Lack of Supervision	Unsubstantiated
Sibling, Male, 14 Years	Father, Male, 51 Years	Parents Drug / Alcohol Misuse	Unsubstantiated

No



Child Fatality Report

Sibling, Male, 14 Years	Mother, Female, 42 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Female, 17 Years	Father, Male, 51 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Female, 17 Years	Mother, Female, 42 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Deceased Child, Male, 7 Years	Father, Male, 51 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Deceased Child, Male, 7 Years	Mother, Female, 42 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Female, 17 Years	Father, Male, 51 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Female, 17 Years	Mother, Female, 42 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Female, 3 Years	Father, Male, 51 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Female, 3 Years	Mother, Female, 42 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Female, 10 Years	Father, Male, 51 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Female, 10 Years	Mother, Female, 42 Years	Parents Drug / Alcohol Misuse	Unsubstantiated

Report Summary:

The report alleged parents used drugs to the point they were unable to care for the Chn. The home was in deplorable condition. There was animal feces and urine throughout the home. The utilities had been shut off due to non-payment. The parents allowed the 16yo SS to have sex with her 18yo boyfriend in the home.

Report Determination: Unfounded**Date of Determination:** 12/20/2017**Basis for Determination:**

The allegations of IF/C/S, PD/AM, SA, and LS against the parents for their Chn were Unsub. ECDSS made several home visits and the family had running water and the utilities were on in part of the home. The home was observed and there were no noted safety hazards. The parents denied allowing the 16yo SS to have sex with her boyfriend and the 16yo SS denied having sex. All Chn were interviewed and observed and there were no safety concerns. ECDSS contacted all appropriate collaterals and found no concerns for the care of the Chn. Both parents agreed to undergo a drug screen and were tested. They both tested negative. The case was UNF and closed no services needed.

OCFS Review Results:

OCFS found that Erie County Department of Social Services made the appropriate determination based on the information gathered during the investigation.

Are there Required Actions related to the compliance issue(s)? Yes No

CPS - Investigative History More Than Three Years Prior to the Fatality

4/28/10-Allegation of PD/AM was Unsub against the SM for the SC. The case was UNF and closed 5/11/10.
 12/12/12-Allegations of IG and OTH were Unsub against the OA for the SS. The case was UNF and closed 1/29/13.
 5/5/14-Allegation of PD/AM was Sub against the SM for the SS. The case was IND and closed-refused services/unable to take legal action.

Known CPS History Outside of NYS



There is no known history outside of NYS.

Preventive Services History

On 5/10/2010, a Preventive Services case opened. The family agreed to voluntary services. The following services were being provided to both the SM and the SF; case management, drug/alcohol evaluation and mental health counseling. On 4/25/12, the Preventive Services case closed. All goals had been completed with no further services needed.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation?

Family Court

Criminal Court

Order of Protection

Criminal Charge: Other - harrasement against the SM **Degree:** NA

Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
Pending	The SF	Pending	unknown
Comments: The SF was arrested on 12/31/2017, for spitting on the SM and hitting her. A full stay away order was issued and the SF was to have no contact with the SM.			

Have any Orders of Protection been issued? Yes

From: 12/31/2017

To: Unknown

Explain:

On 12/31/2017, the SF was arrested for spitting on the SM and hitting her. The SF was arrested and a full stay away order was issued and remained in place.

Additional Local District Comments

We at the Erie County Department of Social Services appreciate the opportunity given us to review the draft report in advance. We find that the facts, as written, describe the unfortunate events and the actions taken in response. We are pleased that OCFS found that the fatality investigation was conducted appropriately and that there are no required actions related to the fatality or to the CPS investigations conducted during the three years preceding the fatality.

Recommended Action(s)

Are there any recommended actions for local or state administrative or policy changes? Yes No

Are there any recommended prevention activities resulting from the review? Yes No